

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000
FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: VISN WIDE PROCURMENT
607-14-1-5652-0002
537-14-1-6966-0001
556-14-1-2993-0003
578-14-1-6069-0001
585-14-1-6778-0001
676-14-1-5652-0001
695-14-1-5969-0001

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor:	Live Process
Manufacturer/Contractor POC & phone number:	Tim Doucette, 973-571-2500
Mfg/Contractor Address:	271 Grove Ave. Bldg D Verona, NJ 07044
Dealer/Rep address/phone number:	Same as MFR

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs
NCO 12, GLAC
115 S 84th Street
Milwaukee, WI 53214-1476

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

The action being reviewed is a firm fixed price procurement of subscriptions to a centralized web-based platform for healthcare emergency management system. The VA Networking Contracting Office 12 intends to conduct limited source procurement in accordance with 8.405-6. The license of the emergency management software and maintenance is on Liveprocess' GSA contract GS-35F-0104U.

(3) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:

The VA Medical Facilities located in Wisconsin and Illinois; including the Clement J. Zablocki Medical Center, Madison VA, WI, Oscar G. Johnson VAMC in Iron Mountain, MI, the Tomah VAMC in Tomah, WI, FHCC in North Chicago, IL, Jesse Brown VAMC in Chicago, IL, Hines VAMC in Hines, IL and all associated Community Based Outpatient Clinic, currently have Liveprocess software for integrated Emergency Preparedness, Communications, Incident

Management, and Compliance software solution. Software provides efficient Emergency Management program management by streamlining the four phases of Emergency Management (EM): mitigation, preparedness, response and recovery. Compliance refers to National Incident Management System (NIMS)/ICS regulatory obligations, and includes standards of The Joint Commission and the VHA's own accreditation metrics.

This is a follow on contract for the software licenses, notifications and support services.

It is imperative that this solution include integrated high-speed communication services that can be used whenever it becomes necessary to notify staff, partners, or others, to activate the Incident Command System, or urgently to make any general business communications faster and more efficient. It is not acceptable to have loosely linked applications to meet the requirements.

Functional Requirements:

The VA Medical Centers require an immediate contract (with a *single vendor*) meeting all Medical Center's EM solution requirements and that is completely able to integrate with the existing system. It is of paramount importance that the vendor has the capabilities and experience providing the following services:

- A comprehensive EM solution that satisfies all of the following VISN 12 healthcare Emergency Management program management needs, including:
 - NIMS/ICS-compliant emergency management planning utility that allows the Medical Center to create/update/store ICS planning documents.
 - Ability to maintain, update, share and revise basic emergency operations plans
 - HIPAA compliant vendor/solution.
 - Online training resources.
 - NIMS/ICS-compliant real-time event management interface.
 - Automated After Action Reports, including on-demand, event-specific generation of HICS reporting forms.
 - Customizable HICS structure and corresponding job action sheets
 - The ability to generate historical reporting for all aspects of the EM practice.
 - High speed, two-way notification that can be triggered by the Medical Center's users using any of multiple methods (Internet, phone, etc.) and reaching recipients at multiple devices (phone, email, SMS, pagers, etc.)
- Medical Center management capabilities which allow the Medical Center to better organize, report, survey, and communicate during planning processes, exercises and within real events.
- Automated Contact Self-Maintenance that relieves Medical Center staff from maintaining contact records
- Availability of the solution at all our locations via a SaaS (Software as a Solution) offering that does not require the VA Medical Facilities to install, maintain, or upgrade any new/dedicated hardware/software to use the solution.
- High availability (minimum 99.9% uptime per year).
- Ability to update organizational, ICS, and contact information so that our planning and response resources can stay current.
- 24/7/365 customer and technical support.
- Ability to build sub specialty groups that can be rolled up into a comprehensive emergency team from within the facility, as well as, take advantage of, by integration,

the contacts available via the existing emergency management and response system used by other VISN's where possible.

Architecture and Technical Requirements

Solution must meet the following requirements and be clearly outlined: System Functional Capabilities:

- 128-bit end-to-end SSL encryption
- Database encryption minimums: Blowfish, DES or Triple DES
- The platform must be fully accessible to all personnel who are authorized to use the system.
- The platform will have a rapid search capability that will allow a word or phrase search of any individual facility or network documents
- The system must have a backup system or redundancies in place to ensure the system has uninterrupted functionality especially during high demand times of a real emergency. Including:
 - Real time failover, across multiple geographic locations
 - Fully automatic daily backups
 - Provide a minimum of 99.99% up time
- Allow for data, including HVAs, documents/plans, and contacts to be easily shared by the facility
- Platform will have the ability to input all facility designated emergency management plans, documents, policies, regulations, HICS forms as provided

Response:

- System will communicate information to response teams across the facility in case of an emergency via telephone, (including extensions) email, pager, fax and SMS text
- The system will also include an automated recall system for these same teams where the capability can blast out information to all or specific groups of employees, query individuals requiring a response. This function must be able to send voice and text messages. This database will store all calls and responses and maintain a log for compliance reports
- The solution must provide the ability to initiate notifications or codes via mobile devices with internet access
- A real time response console that allows for the response team to communicate easily and completely including task assignments, resources requests, alerts, calling in of staff, relieving staff from a shift, electronic attachment of documents, and information updating including beds for example. This console needs to be easy to navigate for incident participants who may not be frequent users of the system.

Additional functions within this console include:

- Allow for situational awareness communication during exercises or emergency events.
- Ability to set up any number of private group conversations concurrently. Examples could be leadership staff, logistics team, PIO team, VAMC only staff, CBOC's, etc.
- Sharing of documents and directives to specific facility assigned emergency

- teams
- Allows for the tracking of this communication for automated assistance with After Action Reporting purposes, after the exercise or incident
- All situational awareness communications must be able to be generated directly by the facility, without intervention being required on the part of the vendor

Prepare:

- System will include secure web-based platform for all emergency management related plans, documents, and reporting forms that can be accessed through a secure web link
- The platform must provide an integrated and customizable set of HICS 4 charts with related JAS that can also be customized and merged with roles if needed.
- The platform must provide full customer control to automatically upload documents without vendor intervention unless requested by customer.
- The platform must provide an HVA system with:
 - An initial set of nationally recognized hazards that can easily be turned on or off
 - The ability to develop customized hazards
- Ability to associate applicable EOPs, SOPs and documents to specific hazards (standard or custom) for mitigation/compliance purposes
- Automatically link a hazard to a directly associated HICS IV ICS chart
- System must automatically provide an After Action Report (AAR) that captures all relevant information during the event
- Allow for exercises to be run and documented that include:
 - Real time Document and Directive sharing
 - Real time participant communication
 - Improvement Plan template
 - Participant feedback templates
 - Victim database for ease of selecting patients in a fully functional exercise
- Allow sharing of data across other VA facilities that use the vendor's software:
 - Exercises and Events
 - Documents
 - HVAs
 - Contacts

Comply:

- The proposed solution will include Compliance Checklists for NIMS and Joint Commission Emergency Management standards and allow for:
 - Ease of recording status
 - Allow for attachment of notes, EOP/SOP documents
 - Allow for the assigning of Tasks per Activity or Element of Performance
- Vendor shall have remote or onsite initial training available.

Third Parties:

The VA Medical Centers within the greater Chicago area and all VA Medical Centers in Wisconsin, require a single vendor with the capabilities to provide the entire SaaS based EM solution containing all the above listed capabilities. Due to the nature of the emergency response service, the VA requires a single vendor who will be uniformly responsible for and accountable to the Medical Center for all concerns and services, whether commercial, functional, legal, delivery

related, support related, security related, privacy related, or otherwise.

(a) ESTIMATED DOLLAR VALUE:

1. [REDACTED] for FY 14 [REDACTED] GSA for FY 14 and [REDACTED] open market for FY 14
2. [REDACTED] the years after (Northern Tier (except Madison) prorated to start 4/15/2014 for the base year)
 - a. The base year is [REDACTED] GSA and [REDACTED] Open Market.
 - b. Option year 1 will be [REDACTED] GSA and [REDACTED] Open Market
 - c. Option year 2 will be [REDACTED] GSA and [REDACTED] Open Market
 - d. For a total of [REDACTED] GSA, [REDACTED] open market and [REDACTED] total.

(b) REQUIRED DELIVERY DATE: 15 days for Data Repository Functions, 30 for Notifications

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

The proposed contractor is the only responsible source capable of providing a system that ties into the Navy Medicine East facilities/integrated systems at FHCC, ties into current systems utilized in neighboring VISN 11, and has all of the capabilities listed in the required services section. The system is proprietary and does not function in coordination with any other commercially available system.

Effective emergency management requires the ability to securely store disaster response operating procedures in a single location yet accessible to any authorized user, the ability to automatically disseminate information from a single source and reach all interested parties, and the ability to tie into affiliated agency systems for the purpose of mobilizing resources and streamlining response efforts. The coordination of three hospitals and thirteen clinics spanning three states and over 8,000 square miles with the population of approximately 10 million people requires a comprehensive emergency management system accessible via a web based application and from remote locations. The system must have the capability to communicate with neighboring agencies and neighboring VISNs. The system must also have the full range of capabilities listed under required services to provide the VA with the same available capacity as partnering systems. If one system has a capability that another does not, that specific capability is of no use. Also, it is imperative that the systems be housed under a single provider to further streamline activities during an emergency response event. Multiple vendors supplying all or part of the required services would cause inefficiencies during a time where constant and streamlined communication, as well as access to shared resources, has a direct impact on the ability of the VA to at a minimum significantly reduce costs, reduce unnecessary exposure to risk, and at the fullest extent save lives.

The solution offered by LiveProcess is the only known responsible source with all the necessary capabilities. The solution is currently utilized throughout VISN 11 and the Navy Medicine East facilities located in the Chicago area and Wisconsin. While there are systems that may provide

parts of the total solution, no system is currently available to tie into the affiliated systems, have the full range of capabilities employed by LiveProcess, and currently available in the marketplace.

More specifically, LiveProcess is a self-contained, cohesive notification system for use in Emergency Operations; and enables the stations to efficiently notify Emergency Response teams, staff, management, and local emergency response authorities in a timely and effective manner.

This proprietary system is also currently utilized by and only system to track compliance of the National Incident Management System (NIMS) and Joint commission standards, track and update Hazard Vulnerability Analysis, resources, incident logs, and form control per HICS. The system has the capability to compile and create After Action Reports and track lessons learned for future exercises. This product also provides a mass notification system that will allow the notification of staff to any emergent situation. Live process will enable Navy Medicine East, the VA, and BUMED to track ongoing events during disasters and see where resources are most needed. LiveProcess is currently implemented in 53 VA Medical Centers across 12 VISNs. LiveProcess is also implemented at the National level for the NEMRT Project — National Emergency Management Response Teams. This mobilizes the VISN teams that are on call in the event of a significant national event.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

As described above, the full range of capabilities by a single source is necessary for the effective operations of emergency management. Although some of the services may be offered independently, no known source can provide a solution with all the required capabilities. The Federal Government has a preference for the acquisition of commercial items as contained in Title VIII of the Federal Acquisition Streamlining Act of 1994 (Public Law 103-355). The cost to develop a unique platform specific to the VA needs would far exceed the benefits of a commercially available solution with already established capabilities, support, and ability to add on to after implementation.

A new system that is not Live Process would require VISN 12 to spend at least 120 hours of work per facility/network office to enter and configure all contact information and data, set up and conduct testing and then train and exercise all users on a new system. This is a total of at least 960 administrative man-hours (not including end user time requirements of the 15,000 staff in the VISN) that leaves VISN vulnerable to disasters while in transition. VISN 12 does not have the resources to complete all this set up.

Per FAR 8.404.(d). *Pricing*; GSA has already determined the prices of supplies and fixed-price services, and rates for services offered at hourly rates, under schedule contracts to be fair and reasonable. Therefore, ordering activities are not required to make a separate determination of fair and reasonable pricing, except for a price evaluation as required by 8.405-2(d). The web based service is commercially available product with support services that are publicly listed under the GSA contract. The license fees are priced according to the quantity of beds and not the quantity of service provided. Therefore, the Government has minimal risk of escalating costs during an emergency. The contract specialist has also obtained similar contracts from

neighboring VISNs to ensure that the pricing is in line with other Federal customers. Given the pre-negotiated terms and conditions, wide use of the product by Federal customers, published list of services and affiliated prices, and unique and proprietary comprehensive suite of services, the solution offered by LiveProcess is determined the best value to the Government. For Subscription for hospitals \ we received a [REDACTED] discount and for clinics we received a [REDACTED] discount.

Past Procurement Prices:

1. Fed Bid RFQ was posted 8/27/2012 — [REDACTED] quoted price for FHCC was [REDACTED]. That solicitation was later cancelled. This year's Liveprocess FHCC quote is [REDACTED].
2. VA69D-13-F-2265 for Northern Tier (Milwaukee, Tomah and Iron Mt only for 4/15/2013-4/14/2014) was [REDACTED].
3. VA69D-12-F-3663 for Southern Tier (FHCC, Hines and JB for 9/28/2012- 9/27/2013) was [REDACTED].

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

a. Searches on SBA Dynamic Business Search, GSA, VIP, CCR, VetBizOpps, UNICOR, Ability one, FBO.gov and Google resulted in no responsible service providers with all the required services as well as the ability to tie into a proprietary system used by partnering organizations. The VISN also solicited a similar requirement via SDVOSB set-aside procurement on Fed Bid. The solicitation received only one response that was ultimately determined technically unacceptable. The initial solicitation process that resulted in no qualified responses from SDVOSB businesses provides further evidence that only one responsible source has the required capabilities. Other market research included discussions with other VISNs, the emergency management coordinators throughout VISN 12, and with the contracting office of Navy Medicine East.

b. January 2013 there was a GAO case where Kingdomware Technologies protest VA's limited source purchase with Liveprocess for this same service; case B-407757. Kingdomware argued the fact that the VA required compatible software to meet its needs at the FHCC. Kingdom failed to show that this is not a reasonable requirement so the protest was denied.

c. An intent to sole source was posted to FBO 09/3/2013 with a closing date of 09/09/2013. Only one vendor responded to the Contracting Officer. On 09/4/2013 Intermedix emailed Contracting Officer; they stated that they offers an off-the-shelf solution that they believe would fully meet the emergency management, documentation, notification and technology requirements for the member facilities in the Great Lakes VISN. Their GSA contract number is GS-35F-0480T; It is held through partner, Prime Source Technologies. For this particular requirement (Hospital Incident Management, Documentation and Notification), they would likely use some combination of scheduled items, in addition to open market add-ons to fully meet the requirements. On 09/10/2013 Contracting Officer emailed Intermedix and explained the VA's needs; Intermedix replied that they can meet those needs. On 09/13/2013 Contracting Officer then sent Intermedix a complete list of salient characteristics. On 09/17/2013 Intermedix sent Contracting Officer their capability statement. On 09/17/2013 Contracting Officer sent the capability statement to the COR and the technical team. On 09/20/2013 the technical team replied that Intermedix systems seems like a good system but does

not meet many of the specifications that generated the sole source purchase request. They explained that the primary shortfalls in meeting the salient characteristics are:

There is no indication of live-time interoperability with and transfer of data between the VISN 12 sites Incident management/compliance tracking system and the Navy system required to be employed at Great Lakes Naval Station/Lovell FHCC by NAVMED.

There is no indication of documentation and reports required to track compliance with Joint Commission standards.

There is no indication of functions for planning, conducting, critiquing and evaluating exercises as required by Joint Commission and VHA CEMP.

There is no indication that the system can be provided and made functional within the time frames identified in the salient characteristics.

The description does not indicate seamless cohesive platform with one log-in for all integrated functions.

It is unclear if the system provides an Automated Contact Self-Maintenance feature that relieves staff from maintaining contact records.

The technical team does not think the system really provides what the medical centers need at this point. They recommend that the Contracting Officer proceed with the original sole source for the system the medical centers requested.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

In accordance with 8.402(f), for administrative convenience, an ordering activity contracting officer may add items not on the Federal Supply Schedule to a FSS BPA or an individual task or delivery order only if—(1) All applicable acquisition regulations pertaining to the purchase of the items not on the FSS have been followed:

1. *Competition requirements:* this limited source justification was posted to FBO as well intent to sole source
2. *Acquisition of commercial items, contracting methods and small business programs:* Yes
3. *Determined the price for the items not on the FSS is fair and reasonable:* VISN 12 will receive a [REDACTED] discount on the support services that are not on the FSS schedule also for consolidating VISN 12 will receive a [REDACTED] discount.

A portion of the open market unlimited messages service, which are additional to the Liveprocess FSS subscription may not be needed after the base year because the VA currently has a system in place for this however it is not fully functional at this time.

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE: The emergency management program managers could continue talks with industry in hopes that more commercially available products with similar capabilities and the ability to communicate with existing systems become available.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

Jason R. Baltutis
SIGNATURE

07/23/2013
DATE

Jason R. Baltutis, Super-COR
Center
NAME, TITLE

Director's Office, VA Medical
SERVICE LINE/SECTION

VISN 12
FACILITY

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Ashley Johnson
CONTRACTING OFFICER'S SIGNATURE

9/23/13
DATE

Ashley Johnson
NAME AND TITLE

GLAC
FACILITY

c. NCM/PCM/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Christine Hansen
SIGNATURE

9/24/2013
DATE

Christine Hansen
NAME
VISN 12 NCM/PCM